

**INSTRUCTIONS**

Complete all applicable fields of this application form and attach any additional documentation as clearly identified attachment or separate file. To save when complete, choose "save as".

Full Legal Name

**Address**

Street

City

Province/State

Postal Code/Zip Code

Country

**Personal Information**

Date of Birth

Gender

Email Address

Phone

**Place of Birth**

City

Province/State

Country

**Retail Store Licence Application Information**

 Reference Number The application (or "job") number the LCRB gave the applicant.


 Address The physical address of the applicant's proposed store.

**PART 1: PAST ADDRESSES**

If you lived somewhere else in the last five years, provide the address below. You can add as many addresses as you need. Attach information as clearly identified attachment or separate file.

Street	City	Province	Country	Postal Code	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PART 2: EMPLOYMENT INFORMATION**

From the age of 18 or for the past 20 years (whichever is shortest), provide the following information regarding work history (including any change in title), involvement in businesses, and/or periods of unemployment commencing with your current employer. Attach any additional information if more space is required.

From	To	Current Employer	Business Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address

Position Held	Description of Duties	Supervisor Name/Contact Information
<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for leaving

From	To	Employer	Business Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address

Position Held	Description of Duties	Supervisor Name/Contact Information
<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for leaving

From	To	Employer	Business Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address

Position Held	Description of Duties	Supervisor Name/Contact Information
<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for leaving

From	To	Employer	Business Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address

Position Held	Description of Duties	Supervisor Name/Contact Information
<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for leaving

**PART 3: EMPLOYMENT DISCHARGE/SUSPENSION/RESIGNATION/DISCIPLINARY ACTION**

Were you ever discharged, suspended, asked to resign from employment or disciplined in any manner?

Yes      No

If yes, you must attached the following information for each occasion on which you were discharged, suspended, asked to resign or disciplined:

- Employer's name and address
- Name of supervisor/person who initiated the action
- Date of discharge, resignation, suspension or disciplinary action
- Circumstances for discharge, resignation, suspension or disciplinary action

**PART 4: CORPORATE ASSOCIATIONS**

Provide the following information for all corporations, partnerships, sole proprietorships, limited liability companies or any other business ventures/entities that you were/are associated or involved with as an officer, director, shareholder, trustee, stakeholder, beneficiary, or related capacity. Indicate if the entity was involved with cannabis during your term of association or involvement.

If additional space is required, include as attachment.

Name and Address of Entity *(Street, City, Province/State, Postal/ZIP Code, telephone Number)*

Company Description

Position Held

From

To

Reference Person

Name and Address of Entity *(Street, City, Province/State, Postal/ZIP Code, telephone Number)*

Company Description

Position Held

From

To

Reference Person

Name and Address of Entity *(Street, City, Province/State, Postal/ZIP Code, telephone Number)*

Company Description

Position Held

From

To

Reference Person

Name and Address of Entity *(Street, City, Province/State, Postal/ZIP Code, telephone Number)*

Company Description

Position Held

From

To

Reference Person

**PART 4: CORPORATE ASSOCIATIONS - CONTINUED**

Have you ever resigned, been removed, or discharged from a position of trust as a trustee, board member, officer, director or in any other position?

Yes    No

If yes, you must attach the following information:

Name and address of entity

Position held

Date of resignation, removal or discharge

Reason(s)

**PART 5: FINANCIAL**

Financial Accounts - Identify all current accounts at financial institutions

Name of Institution

Branch Address

Type of Account

Account Number

Name of Institution

Branch Address

Type of Account

Account Number

Name of Institution

Branch Address

Type of Account

Account Number

If more than 3 accounts, attach as separate document.

**PART 6: TAXES**

Do you complete/file your own taxes?

Yes    No

If no, complete the following information for the person or firm responsible for filing your taxes.

Name of Person or Firm

Phone Number:

Email:

**PART 7: FUNDING & DEBT**
**Funding Sources** *Where you are getting your money from*

If more than four funding sources, please attach information as clearly identified attachment or separate file. Type of Funding includes capital investment, continuing operations, personal savings, fully repaid loans, outstanding loans, gifts, and co-ownership of property

Type of Funding <input type="text"/>	Amount of Funding (CAD\$) <input type="text"/>
Type of Funding <input type="text"/>	Amount of Funding (CAD\$) <input type="text"/>
Type of Funding <input type="text"/>	Amount of Funding (CAD\$) <input type="text"/>
Type of Funding <input type="text"/>	Amount of Funding (CAD\$) <input type="text"/>

Attach documents demonstrating the transmission, receipt, and repayment (if any) of these funds including cheques, drafts, bank transfers, bank deposits, related bank statements, and any governing documents (i.e., loan agreements).

Have you loaned monies, equipment or assets to any persons or businesses?

Yes      No

If more than one, please attach information as clearly identified attachment or separate file.

If yes, was the loan for a person or business? Person      Business	Name of Recipient <input type="text"/>
--	---

Address

Date of Loan <input type="text"/>	Amount Loaned (CAD\$) <input type="text"/>
--------------------------------------	---

Reason for Loan <input type="text"/>	Terms of the Loan <input type="text"/>
---	---

Do you have any of the following? *Mark all that apply*

- Liens       Conditional Guarantees  
 Securities       Other interests caused by debt

If more than one, please attach information as clearly identified attachment or separate file.

Name of Business or Individual that Holds the Debt <input type="text"/>	Occupation or Business of Debt Holder <input type="text"/>
--	---

Relationship to the Business <input type="text"/>	Amount (CAD\$) <input type="text"/>
--	--

Upload any agreements related to these interests

**PART 8: CONNECTIONS TO FEDERAL PRODUCERS OF CANNABIS**

Do you have any association, connection, or financial interest to a federal producer?

Yes No \*Associates of Producer Retail Store applicants must identify their connections to **other** producers that are not the applicant.

**i** This includes:

- Directly holding voting shares in a federal producer
- Indirectly holding voting shares in a federal producer. For example, through a subsidiary
- Having a beneficial interest in a federal producer. For example, through a trust

If more than one, please attach information as clearly identified attachment or separate file.

Provide the name of the federal producer, the type of shares, percentage of ownership, and any other details about the holding of voting shares

Do you have an immediate family member that has any connection to a federal producer?

Yes No \*Associates of Producer Retail Store applicants must identify their connections to **other** producers that are not the applicant.

**i** This includes:

- Directly holding voting shares in a federal producer
- Indirectly holding voting shares in a federal producer. For example, through a subsidiary
- Having a beneficial interest in a federal producer. For example, through a trust

Immediate family members include spouses, parents, siblings, children, sons-in-law and daughters-in-law

If more than one, please attach information as clearly identified attachment or separate file.

Provide the name of the federal producer, the type of shares, percentage of ownership, and any other details about the holding of voting shares

**PART 9: CANNABIS RETAIL STORE LICENCE RESTRICTION**

A licensee can only hold or have an interest in a maximum of eight (8) Cannabis Retail Store licences. A Cannabis Retail Store franchisor cannot have more than 8 franchises. The Cannabis Retail Store licence restriction does not apply to Producer Retail Stores. A federal producer can hold one Producer Retail Store licence for each eligible federal production licence they hold.

Does the associate have any connection, association or financial interest in another non-medical cannabis retail store application/licence in British Columbia?

**i** This includes, but is not limited to:

- The associate is a significant shareholder, or a significant shareholder of a significant shareholder of another applicant/licensee.
- The associate has any immediate family member that has any financial interest in another applicant/licensee.

Note: A significant shareholder is a defined term in s. 6(1) of the Cannabis Control and Licensing Interim Regulation

If more than one, please attach information as clearly identified attachment or separate file.

If yes, please describe any other applications and the associate's connection to the application:

**Privacy Collection Notice**

The information requested on this form is collected by the Liquor and Cannabis Regulation Branch under Sections 26 (a) and (c) of the Freedom of Information and Protection of Privacy Act for the purpose of cannabis licensing, compliance and enforcement matters in accordance with the Cannabis Control and Licensing Act. Should you have any questions about the collection, use, or disclosure of personal information, please contact the Freedom of Information Officer at PO Box 9292 STN PROV GVT, Victoria, BC, V8W 9J8 or by phone toll free at 1-866-209-2111.